SBI Life
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Non Employer Employee
Claim form for Lender Borrower Schemes - Micro Insurance / Sampoorn Suraksha

Master Policy Number | Member ID / Loan Account Number

Master Policyholder Name

Details of the Deceased Member (Please write in capital letters):

1. Name of the Life Assured (Deceased)
2. Date of Birth (D D M M Y Y Y Y)
3. Date of Death (D D M M Y Y Y Y)
4. Cause of Death ☐ Illness* ☐ Natural ☐ Accident ☐ Suicide

* In case of Illness, please specify nature of illness

☐ Heart Disease ☐ Kidney Disease ☐ Cancer ☐ Liver Disease ☐ Other_____

5. Basic Sum Assured

Nominee / Claimant Details:

6. Nominee / Claimant Name & Relationship
7. Address of Nominee / Claimant
8. Contact Number
9. Email ID
10. Amount payable to Master Policyholder (Outstanding loan amount)
11. Amount payable to Nominee / Claimant

Bank Account details of the Nominee / Claimant:

Account Number | IFS Code

Bank Name | Bank Branch

Bank Account details of the Master Policyholder:

Account Number | IFS Code

Bank Name | Bank Branch

Nominee / Claimant Declaration:

I hereby voluntarily give my specific, informed, unconditional and unambiguous consent and authorization to the Company to receive, collect, process, use, store, disclose, transfer, share, or handle my/our sensitive personal data or information, as defined in the Information Technology (Reasonable security practices and procedures and sensitive personal data or information) Rules 2011 and 'personal data' as defined under the Digital Personal Data Protection Act, 2023 (as amended from time to time), solely for the purpose of evaluation of the servicing of policy, including sharing it with contracted third parties, reinsurers, appointed representatives, or vendors associated with the Company for various purposes and outsourced activities exclusively related to the evaluation of the servicing of the policy, investigation/settlement of claims, fraud prevention, and monitoring. I understand that, following the conclusion of the business relationship with the Company, my data (including my sensitive personal data or information) shall be retained for the requisite period as prescribed under the applicable laws for the time being in force.

I understand that I am voluntarily giving my authorization for sharing of the above data to the specified third parties and for the specified purposes only, as described herein. This consent shall hold good even if I register my number with the National Customer Preference Register (NCPR). I understand that I have the right to: (a) withdraw my consent at any time where my personal data is processed by the Company with my consent; and (b) file a complaint with the Company and/or the relevant data protection authority in respect of performance of the Company's obligations in relation to my personal data.

I declare and confirm that, I have been informed by _____ ('Master Policyholder'), about the assignment of the Insurance cover by late_____('Member') in Master Policyholder's favor to the extent of the outstanding loan amount as on the date of his death/claim payment becoming due, as per the amortisation and/or loan cover schedule. I further confirm that, the outstanding loan amount as on date of death of the Member is ₹_____ I hereby provide my irrevocable consent to SBI Life Insurance Co Ltd for making payment of ₹ _____ to the Master Policyholder towards the outstanding loan amount as on the date of death/claim payment becoming due.

I hereby discharge SBI Life Insurance Co Ltd. from and against any claim, counter-claim, demand, charge or liability that SBI Life Insurance Co Ltd may be exposed to on account of making the payment as mentioned above to the Master Policyholder

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Aadhaar Consent: (Applicable only if the Aadhaar is submitted):

☐ I, Mr./Mrs./Ms……..,hereby give my voluntary consent to SBI Life Insurance Company Limited (SBI Life) and authorize the Company to obtain necessary details like Name, DOB, Address, Mobile Number, email, Photograph through the copy of Aadhaar card / QR code available on my Aadhaar card / XML File shared using the offline verification process of UIDAI or Aadhaar Number/Virtual ID, Name, Date of Birth, Fingerprint/Iris and my Aadhaar details used for authentication either through Yes/No authentication facility or e-KYC facility in accordance with the Aadhaar (Target Delivery Of Financial and Other Subsidies, Benefits and Services) Act, 2016 and all other applicable laws/ regulations. I understand and agree that this information will be exclusively used by SBI Life only for the KYC purpose. I have duly been made aware that I can also use alternative KYC documents like Passport, Voter's ID Card, driving license, NREGA job card, letter from National Population Register, in lieu of Aadhaar for the purpose of completing my KYC formalities. I understand and agree that the details so obtained shall be stored with SBI Life and be shared solely for the purpose of processing claim request. Further I understand, my biometrics will not be stored/shared by SBI Life. I will not hold SBI Life or any of its authorized officials responsible in case of any incorrect information provided by me. I further authorize SBI Life that it may use my mobile number for sending SMS alerts to me in this regard.

Certified that the information furnished is true and correct in every respect to the best of our knowledge and belief:

Nominee / Claimant Name

Date D D M M Y Y Y Y Place

Signature of Nominee / Claimant

Vernacular Declaration:

I hereby declare that:
I have explained the contents of this claim form to the Nominee/Claimant in_____(language) and ensured that the contents have been fully understood by him/her. I have accurately recorded the Nominee/Claimant's responses to the information sought in the claim form. I have read out the recorded responses to the Nominee/Claimant and he/she has confirmed that they are correct and affixed his/her vernacular signature/ thump impression as follows.

Name of Declarant

Address of Declarant

Date D D M M Y Y Y Y

Place

Signature of Person making declaration

Signature/Left hand Thumb Impression of Nominee/Claimant

Authorized Signatory on behalf of the Master Policy Holder:

Name & Designation

Bank Branch Code (If Applicable)

Contact Number

Date D D M M Y Y Y Y Place

MPH Signature with Seal and Stamp

List of Claim Documents Required:

- Claim Form duly attested by the Master Policyholder
- Copy of Death Certificate issued by local authority – To be attested by Nominee / Claimant and Master Policyholder
- KYC document of the Nominee / Claimant - To be attested by Nominee / Claimant and Master Policyholder
- Bank Account Proof of Nominee / Claimant (Bank Passbook duly attested by Nominee / Claimant and Master Policyholder or a Cancelled cheque leaf having name pre-printed on it)
- Copy of Membership form (If Applicable) & assignment deed signed by member
- Bank Account Proof of Master Policyholder
- Latest Loan/Credit Account Statement
- In case of Unnatural Death, copy of First Information Report and Post Mortem Report (If applicable)

Note: SBI Life reserves the right to ask for more information/ documents, if required.